

<b>Case Number:</b>	CM15-0234762		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	02/24/2015
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male with a date of injury on 2-24-15. A review of the medical records indicates that the injured worker is undergoing treatment for right lower abdominal wall strain and right groin strain. Progress report dated 11-10-15 reports continued complaints of right groin pain that worsens with increased activity and by the end of the day. He reports swelling in his right groin region with hot weather. He reports moderate relief in pain with acupuncture treatment. Objective findings: abdomen tender to palpation over right lower abdominal wall, range of motion is restricted, right side worse than the left. CT scan of pelvis 5-11-15 showed no acute fracture of dislocation. Treatments include: medication, physical therapy and acupuncture. Request for authorization was made for Additional acupuncture 2 times per week for 4 weeks for the right groin and Corticosteroid injection to the right groin area. Utilization review dated 11-20-15 non-certified the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Additional acupuncture 2x4 for the right groin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, additional acupuncture two times per week times four weeks to the right groin is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are right lower abdominal wall strain; right groin strain; and Gracilis tendinitis. Date of injury is February 24, 2015. Request for authorization is November 13, 2015. According to a November 10, 2015 internal medicine progress note, each worker sustained the strain to the abdominal wall/groin area. Abdominal ultrasound performed April 8, 2015 was negative. A computerized tomography scan of the pelvis performed May 11, 2015 was normal. The treating provider perspective the injured worker had Gracilis tendinitis and should follow with an orthopedic surgeon. Subjectively, the injured worker has severe groin and right lower abdominal wall pain. Objectively, there is tenderness over the right abdominal wall and right groin. The treating provider recommended the injured worker follow orthopedic surgeon. If the orthopedic surgeon agrees an injection is, in fact, recommended, the orthopedic surgeon should request a corticosteroid injection after their evaluation. The documentation indicates the injured worker was certified for 14 acupuncture sessions and completed 12 acupuncture sessions. The documentation indicates subjective improvement, but lacks specific documentation demonstrating objective. The guidelines recommend up to 8 to 12 visits. There are no compelling clinical facts indicating additional acupuncture (over the recommended guidelines) is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior acupuncture, a request for an additional eight sessions of acupuncture with documentation showing the injured worker was certified for 14 to date and no compelling clinical facts indicating additional acupuncture is clinically indicated, additional acupuncture two times per week times four weeks to the right groin is not medically necessary.

**Corticosteroid injection to the right groin area:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (Acute and Chronic) - Intra-articular steroid injection (IASHI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, Intra-articular steroid hip injections.

**Decision rationale:** Pursuant to the Official Disability Guidelines, corticosteroid injection to the right groin area is not medically necessary. Intra-articular steroid injections are not

recommended in early osteoarthritis. These injections are under study for moderately advanced or severe osteoarthritis of the hip. Should be used in conjunction with fluoroscopic guidance. These injections are recommended as an option for short-term pain relief in trochanteric hip bursitis. For additional details see the guidelines. In this case, the injured worker's working diagnoses are right lower abdominal wall strain; right groin strain; and Gracilis tendinitis. Date of injury is February 24, 2015. Request for authorization is November 13, 2015. According to a November 10, 2015 internal medicine progress note, each worker sustained the strain to the abdominal wall/groin area. Abdominal ultrasound performed April 8, 2015 was negative. A computerized tomography scan of the pelvis performed May 11, 2015 was normal. The treating provider perspective the injured worker had Gracilis tendinitis and should follow with an orthopedic surgeon. Subjectively, the injured worker has severe groin and right lower abdominal wall pain. Objectively, there is tenderness over the right abdominal wall and right groin. The treating provider recommended the injured worker follow with an orthopedic surgeon. If the orthopedic surgeon agrees an injection is, in fact, recommended, the orthopedic surgeon should request a corticosteroid injection after their evaluation. A request for a corticosteroid injection to the right groin area is premature at this time. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, corticosteroid injection to the right groin area is not medically necessary.